

# CLAIMS ONLY

Application Number

10/680344

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		1				
4						
5		1				
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48						
49						
50						
Total						
Indep	1					
Total Depend	4					
Total Claims	5					

	Indep.		Depend.		Indep.		Depend.	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
51								
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Total Depend								
Total Claims								